4-Year Old Introduction to Sports
Deerfield Community Center 2014

This five-week program is for children that are currently attending the 4K program, school year 2014-2015. Each week, we will focus on introducing a new sport. Fee is $30 and includes a t-shirt. Volunteer coaches are needed to run this program, so please consider helping your child have a great experience. Deadline Sept. 26, 2014.

Oct. 11-Soccer at Deerfield Comm. Park (DES Gym if raining) 10:30-11:30 am
Oct. 18- Basketball at Deerfield Elementary School 10:30-11:30 am
Oct. 25- Day off-No program
Nov. 1- T-ball at **Deerfield High School Small Gym** 10:30-11:30 am venue changed!
Nov. 8- Kickball at **Deerfield High School Small Gym** 10:30-11:30 am
Nov. 15- Track Day at **Deerfield High School Small Gym** 10:30-11:30 am

Player's Name _____Grade ___ Age___
Gender____Birthdate_____Shirt size YS YM YL AS AM

Address_____

Medical
Information_____

Parent/Guardian's Name_____Home Phone_____
Work Phone _____Cell Phone _____E-mail_____

Volunteers needed (please circle one): Coaching/Helper Volunteer information: _____
_____*(Name)*

Please send to DCC, PO Box 404, 3 W. Deerfield, WI 53531

Participation Waiver

Please read and sign the following

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC") and DCC's sports policy, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth programs (the "Programs") and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release, discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

_____ _____ _____

Printed Name of Parent/Legal Guardian **Signature** **Date**

DEERFIELD COMMUNITY CENTER OFFICIAL USE ONLY

Registration fees:

Player's fee: ---------- **$ _____** **Program _____**

Other: ---------- **$ _____** **Waiver signed and dated _____** **Added to database _____**